

AIR TAXI SERVICE REPORT FORM
Arctic National Wildlife Refuge

Special Use Permit No.

Company Name

Permittee Name (Printed)

Permittee Signature

Date Completed

Dates***		Locations		Purpose of Client's Trip	Client Name (Company) or Trip Leader	Client Type*	# of People**	Aircraft		# and Species of Animals Transported
Drop-Off	Pick-Up	Drop-Off	Pick-Up					Model	N Number	

Please submit this report to: Arctic National Wildlife Refuge, 101 12th Ave., Room 236, Box 20, Fairbanks, AK 99701

* Private (P) or Commercial (C)
** For trips where actual clients were not transported, report 0 - will be charged 1 client use day for each trip transporting gear and/or animals only
***Report drop-off and pick-up for same clients on one line